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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. H-203315

First Inventor Hamid G. Kia

Title

BARRIER COAT FOR OPEN TOOL MOLDING

Express Mail Label No.

EV 092 044 932 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 35]
(preferred arrangement set forth below)
 - Descriptive title of the invention ☒ Specification filed in English
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
[Total Pages 3]
5. Oath or Declaration [Total Pages 3]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
 - c. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Director of the United States Patent and
Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement of Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Non Publication under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

Prior application information: Examiner _____

of prior application No: _____ / _____

Group / Art Unit: _____

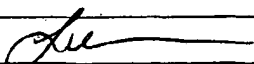
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☒ Correspondence address below

Name	General Motors Corporation - Legal Staff					
	Kathryn A. Marra					
Address	Mail Code 482-C23-B21					
	P.O. Box 300					
City	Detroit	State	MI	Zip Code	48265-3000	
Country	United States of America	Telephone	313-665-4708	Fax	313-665-4976	

Name (Print/Type)	Linda M. Deschere	Registration No. (Attorney/Agent)	34,811
Signature		Date	June 20 2003

15956 U.S. PTD
10/601269

06/20/03

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>	<p style="text-align: center; font-weight: bold; font-size: small;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>Hamid G. Kia</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group / Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>H-203315 (8540R-000001)</td></tr> </table>	Application Number		Filing Date		First Named Inventor	Hamid G. Kia	Examiner Name		Group / Art Unit		Attorney Docket No.	H-203315 (8540R-000001)
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<p>TOTAL AMOUNT OF PAYMENT (\$) 1408</p>													

<p style="text-align: center; font-weight: bold; font-size: small;">METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Deposit Account Number</td> <td style="border: 1px solid black; padding: 2px;">07-0960</td> </tr> <tr> <td>Deposit Account Name</td> <td style="border: 1px solid black; padding: 2px;">General Motors Corporation</td> </tr> </table> <p style="font-size: x-small;">The Commissioner is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>	Deposit Account Number	07-0960	Deposit Account Name	General Motors Corporation	<p style="text-align: center; font-weight: bold; font-size: small;">FEE CALCULATION (continued)</p> <p style="font-weight: bold; font-size: small;">3. 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EXTRA CLAIM FEES</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Total Claims</td> <td style="width: 10%; border: 1px solid black; text-align: center;">45</td> <td style="width: 10%;">-20** =</td> <td style="width: 10%; border: 1px solid black; text-align: center;">25</td> <td style="width: 10%;">X</td> <td style="width: 10%; border: 1px solid black; text-align: center;">18</td> <td style="width: 10%;">=</td> <td style="width: 10%; border: 1px solid black; text-align: center;">450</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">-3** =</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">X</td> <td style="border: 1px solid black; text-align: center;">84</td> <td style="border: 1px solid black; text-align: center;">=</td> <td style="border: 1px solid black; text-align: center;">168</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td style="border: 1px solid black; text-align: center;">X</td> <td style="border: 1px solid black; text-align: center;"></td> <td style="border: 1px solid black; text-align: center;">=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>	Total Claims	45	-20** =	25	X	18	=	450	Independent Claims	5	-3** =	2	X	84	=	168	Multiple Dependent				X		=	0																																																																																																																																										
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Linda M. Deschere	Registration No. Attorney/Agent	34,811	Telephone	(248) 641-1600
Signature				Date	June 20 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.